

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-000148

STATE FILE NUMBER

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 1
FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Sheldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial		d. STREET ADDRESS (If outside, give location): R.F. 2	
3. NAME OF DECEASED (Type or print) Charles Jackson Roland		4. DATE OF DEATH Month Jan Day 3 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/18/1911
9. AGE (last birthday) 50		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Barton Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles C. Roland		13b. MOTHER'S MAIDEN NAME Dessie Swisher	
14. NAME OF HUSBAND OR WIFE Maxine Roland		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Maxine Roland Sheldon Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Contusion & Concussion Basal Skull Fracture Numerous Lacerations of scalp, of face DUE TO (b) Auto accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) auto collision.		20c. TIME OF INJURY Hour 12:15 p.m. Month, Day, Year Jan 3, 1962	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on road.	
20f. CITY, TOWN, OR LOCATION 6 mi East Sheldon		COUNTY Vernon STATE MO.	
21. I attended the deceased from Jan 3, 1962 to Jan 3, 1962 and last saw him alive on Jan 3, 1962 Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Helen T. Bichel, MD		22b. ADDRESS Lamar, Mo.	
22c. DATE SIGNED 1/6/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan 6/1962		23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	
23d. LOCATION (City, town, or county) Lamar		23e. STATE Missouri	
24. FUNERAL DIRECTOR Beeny Funeral Home Sheldon Mo.		25. DATE RECD. BY LOCAL REG. Jan. 6, 1962	
26. REGISTRAR'S SIGNATURE Marie Komantz			

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Bernard Berry

Licensed Embalmer No. 4161

P. O. Address Sheldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.